ELAN COMMERCIAL CARD BILLING INQUIRY FORM

If you have a transaction appearing on your statement that you are questioning, complete this form and return it to:

Cardmember Services Corporate Disputes P.O. Box 6344 Fargo, ND 58125-6344 FAX: 701-461-3463

I have reviewed the charges made to my account and dispute the following item:

Merchant:			
Dispute Amt:			
Trans Date :			
Post Date:			
Please check only one box.			
		to \$ or my sales slip was es draft that shows the correct amount.	
this vendor. (If you have multiple ur	I do not recognize this transaction or recall making a purchase or placing an order with this vendor. (If you have multiple unauthorized charges that you do not recognize on your statement, please call Elan at 1-800-393-3526).		
3. I have not received the merchandis contacted the merchant on (date) _ credited.		ave been shipped to me. I have and requested that my account be	
4. The attached credit slip was listed a	as a sale on my	y statement.	
 I was issued a credit slip that was n also enclosed. 	I was issued a credit slip that was not posted on my statement. A copy of my credit slip is also enclosed.		
statement. I did not authorize the se	I certify that the charge in question was a single transaction, but was posted twice to my statement. I did not authorize the second transaction. (Please note dates on which the sales in question were posted to your account).		
	did not engage	erchant, I was billed for transe in, nor did anyone else authorized to sion.	
	Merchandise that was shipped to me has arrived damaged and/or defective. I returned the merchandise on (date) and have requested the merchant to credit my account.		
9. Other – (My detailed explanation is	attached to this	s).	
Name(Please print)	Telephone – \	Work	
Signature	Date	Best time to call	

cc: Company Program Administrator